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Application or Docket Number

Substitute for Form PTO-875

04/505449

APPLICATION AS FILED – PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

(Column 1)		(Column 2)	(Column 3)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.18(a), (b), or (c))				
SEARCH FEE (37 CFR 1.16(k), (l), or (m))				
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*	X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	

OR

(Column 1)		(Column 2)	(Column 3)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.18(a), (b), or (c))				
SEARCH FEE (37 CFR 1.16(k), (l), or (m))				
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*	X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	84007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		SMALL ENTITY	
	Total (37 CFR 1.16(i))	16	Minus	20	=	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
	Independent (37 CFR 1.16(h))	2	Minus	4	=	X =		X =	
	Application, Size Fee (37-CFR 1.16(s))					X =		X =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								

<div style="text-align: right; font-size: 24pt; font-weight: bold;">PCF</div>		(Column 1)		(Column 2)		(Column 3)	
AMENDMENT B	8/31/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total (37 CFR 1.16(i))	16	Minus	** 20	=		
	Independent (37 CFR 1.16(h))	2	Minus	*** 4	=		
	Application Size Fee (37 CFR 1.16(s))						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						

TOTAL ADD'L FEE	
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OR

TOTAL ADD'L FEE	
--------------------	--

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

OR

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

TOTAL ADD'L FEE	
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OR

TOTAL ADD'L FEE	
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• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.